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Contractor License Application

Business Name			
Address	City	State	Zip
Business Phone	Co	ell Phone	
Type of Contractor	g, roofing, siding, m	• • • • • • • • • • • • • • • • • • • •	• ,
Number of Years in Business			20.00 - December 31 st
Two References (current wit	thin last 2 years):		
Name	Name _		· · · · · · · · · · · · · · · · · · ·
Address	Address	5	
City/State/Zip	City/Sta	ate/Zip	
Phone	Phone _		
Signature of Applicant		Date	

Provide proof of insurance:

Liability: \$100,000 for death or injury of any person

\$300,000 for death or injury of any number of persons in any one accident

\$500,000 for property damage in any one accident

Policies must be issued by a company authorized to do business in the State of Kansas